10/124/48

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10724148

Lifective October 1, 2005											7 7 7 0	
			S FILED - PART I (Column 1)		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			23				RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* 3		X\$ 9	X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS					* 5		X43	X43=		OR	X86=	430
MULTIPLE DEPENDENT CLAIM PR			RESENT				+145=			1	+290=	
* 11	the difference	in column 1 is	less than zero, enter "0"			column 2	TOTA			OR OR	TOTAL	1254
(1015) CLAIMS AS AMENDED - PART II								٠.		Jon	,	
5	,1801 6	(Column 1)	MENDEL	Colun) - PAR		(Column 3)	Column 3) SMALL		ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER	PRESENT	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 10	Minus	** 0	13	=	X\$ 9	=		OR	X\$18=	
	Independent	. 5	Minus	***	8	= 0/	X43	=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	=		OR	+290=	
								TAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9	-		OR	X\$18=	
	Ind pendent	*	Minus	***	CL AIM]=	X43:	-]		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	- 1		OR	+290=	
								AL EE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**			X\$ 9:			OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=	X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145										+290=	
* If the entry in column 1 is less than the entry in c lumn 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	TOTAL	
***	f the *Highest Nur	nber Previously Pa mber Previously Pa ber Previously Paid	id For IN THI	S SPACE is	less tha	n 3, enter "3."	ADDIT. FI	EE L			ODIT. FEE	